

**DELANO UNION SCHOOL DISTRICT
SUPPLEMENTAL APPLICATION**

Received:

_____ Initial

_____ Date

POSITION APPLIED FOR: _____

Name: _____ **Date:** _____

Current Position and site _____ **Years Teaching:** _____

Credentials held _____

In the space below, briefly describe how you meet the criteria for this specialized position. List any training or experience. (Please be specific).

Describe the activities this position would focus on and support:

Other information you would like to have considered:

As there may be some traveling, weekends and evenings required, please indicate your possible concerns or conflicts (if any).

Teacher Signature

Date

Principal Signature

Date